

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567,120

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	0					
26	0					
27	0					
28	0					
29	0					
30	0					
31	0					
32	0					
33	0					
34	0					
35	0					
36	0		1			
37	0		1			
38	0		1			
39	0		1			
40	0		1			
41	1		1			
42	1		1			
43	2		1			
44	0		1			
45	0		1			
46	0		1			
47	0		1			
48	0		1			
49	0		1			
50	0		1			
TOTAL IND.			2			
TOTAL DEP.	←	33	←		←	
TOTAL CLAIMS		35				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		0	1	
52		0		0	1	
53		0		0	1	
54		0		0	1	
55		0		0	1	
56		0		0	1	
57		0		0	1	
58		0		0	1	
59		0		0	1	
60		0		0	1	
61		0		0	1	
62		0		0	1	
63		0		0	1	
64		0		0	1	
65		0		0	1	
66		0		0	1	
67		0		0	1	
68		0		0	1	
69		0		0	1	
70		0		0	1	
71		0		0	1	
72		0		0	1	
73		0		0	1	
74		0		0	1	
75		0		0	1	
76		0		0	1	
77		0		0	1	
78		0		0	1	
79		0		0	1	
80		0		0	1	
81		0		0	1	
82		0		0	1	
83		0		0	1	
84		0		0	1	
85		0		0	1	
86		0		0	1	
87		0		0	1	
88		0		0	1	
89		0		0	1	
90		0		0	1	
91		0		0	1	
92		0		0	1	
93		0		0	1	
94		0		0	1	
95		0		0	1	
96		0		0	1	
97		0		0	1	
98		0		0	1	
99		0		0	1	
100		0		0	1	
TOTAL IND.				↓		
TOTAL DEP.	←			↓		
TOTAL CLAIMS				↓		